

**Department of Workforce Development
Worker's Compensation**

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**State of Wisconsin
Department of Workforce Development**

**Jim Doyle, Governor
Roberta Gassman, Secretary
Frances Huntley-Cooper, Division Administrator**

February 15, 2006

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 12/01/97
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

The anticipated date submitted to the Division for submitting a final medical report from the treating practitioner has expired. Please submit the report or a new anticipated date for the report.

For failing to submit a timely report or a new anticipated date for the report, the Department is assessing a \$100 forfeiture, pursuant to s. 102.35(1), Wis. Stats. **Please do not pay now.** The Department will record the forfeiture and will invoice you annually for the total amount due.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance under s. 601.64, Wis. Stats., or both.

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FWC-24 (N. 09/2005)